

ORDER FORM
REQUEST FOR LIVE SCAN SERVICE - APPLICANT SUBMISSION
FORM BCII 8016 (10/98)

BY FAX: (916) 227-2000

BY PHONE: (916) 322-2209
Press Option 7

BY MAIL: DEPARTMENT OF JUSTICE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 903417
SACRAMENTO, CA 94203-4170
ATTN: APPLICANT PROGRAM

PLEASE INCLUDE THE FOLLOWING INFORMATION:

AMOUNT ORDERED _____ (PLEASE LIMIT YOUR ORDER TO A THREE MONTH SUPPLY)

Agency: _____

Contact Person: _____

Mailing Address: _____

Street

City

State

Zip

Phone: _____

Date

Requested: _____

FOR DOJ USE ONLY

Date

Mailed: _____